APTIPU

03560.003326

## **PATENT APPLICATION**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
••	:	Examiner: A. Lavarias
TAKEHARU OKUNO	)	
	:	Group Art Unit: 2872
Application No.: 10/603,892	)	
	:	
Filed: June 26, 2003	)	
	:	
For: POLARIZATION	)	
SEPARATION ELEMENT	:	
AND OPTICAL APPARATUS	)	
USING THE SAME	:	March 16, 2005

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Official Action mailed December 21, 2004, the Examiner is respectfully requested to consider and enter the following amendments.



In re Application of:

Docket No. 03560.003326

TAKEHARU OKUNO

Application No.: 10/603,892

Filed: June 26, 2003

For: POLARIZATION SEPARATION
ELEMENT AND OPTICAL

APPARATUS USING THE SAME

Examiner: A. Lavarias

Group Art Unit: 2872

Date: March 16, 2005

THE COMMISSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

X No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	MINUS	20	= 0	x \$9 \$18	0
INDEP. CLAIMS	1	MINUS	5	= 0	x \$44 \$88	0
Fee for Multiple Dependent claims \$150/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					0	

Verified Statement claiming small entity s	tatus is enclosed, if not filed previously.
A check in the amount of \$	is enclosed.

	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed			
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06 1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.			
	A check in the amount of \$ to cover the fee for a month extension is enclosed.			
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.			
X	Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.			
	Respectfully submitted,			
	$\alpha + \alpha = 0$			

Attorney for Applicant Registration No.: 44,986

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3800 Facsimile: (212) 218-2200

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